

# Nevada

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## State CARE Act Program Profile

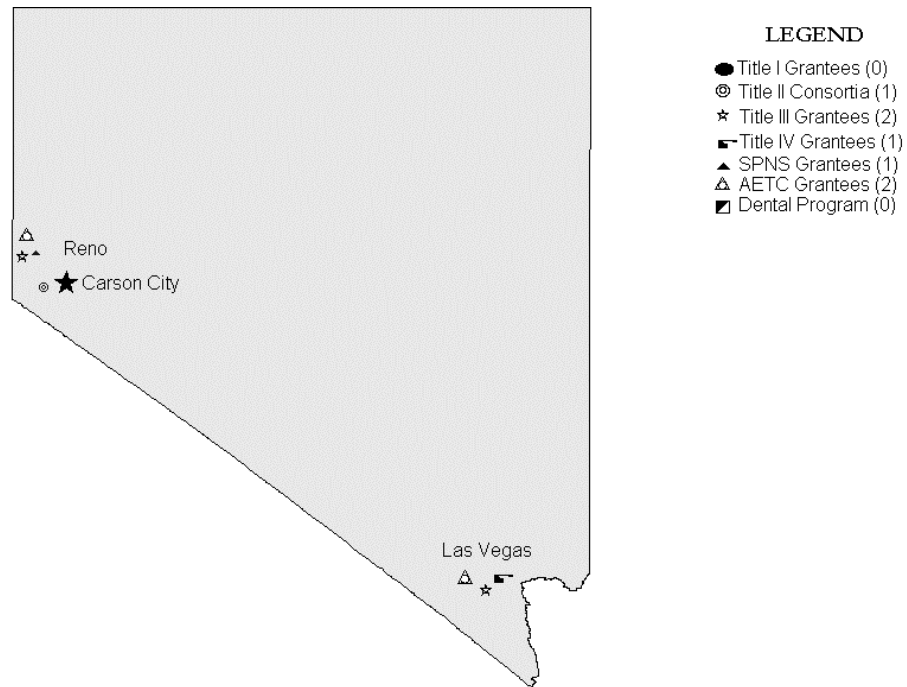
### CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$2,049,946	\$3,001,392	\$3,898,380	\$8,949,718
ADAP	(\$298,910)	(\$957,533)	(\$1,728,462)	(\$2,984,905)
Title III	\$659,941	\$858,361	\$880,586	\$2,398,888
Title IV	\$65,000	\$0	\$250,000	\$315,000
SPNS	\$244,302	\$215,323	\$235,246	\$694,871
AETC	\$107,574	\$79,953	\$93,843	\$281,370
Dental	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$3,126,763</b>	<b>\$4,155,029</b>	<b>\$5,358,055</b>	<b>\$12,639,847</b>

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

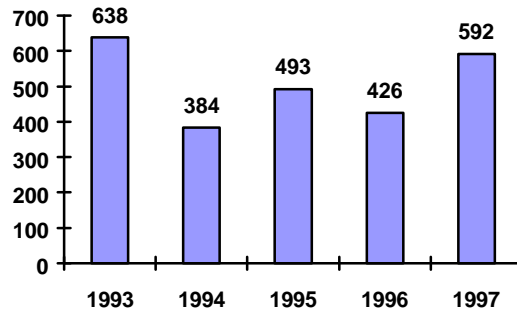
	1996	1997	1998
Title I	0	0	0
Title III	2	2	2
Title IV	1	0	1
SPNS	1	1	1
AETC (grantee or subcontractor)	2	2	2
Dental	0	0	0

## Location of FY 1998 CARE Act Grantees and Title II Consortia



## HIV/AIDS Epidemic in the State: Nevada (Pop. 1,676,809)

- ▶ Persons reported to be living with AIDS through 1997: 1,804
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 2,217
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated February 1992)
- ▶ State AIDS Cases (cumulative) since 1993: 2,533 (<1% of AIDS cases in the U.S.)



### Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	86%	78%
Women (13 years and up):	14%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	1%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	60%	33%
African American:	23%	45%
Hispanic:	15%	21%
Asian/Pacific Islander:	1%	<1%
Native American/Alaskan Native:	1%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	61%	35%
Injecting drug user (IDU):	13%	24%
Men who have sex with men and inject drugs (MSM/IDU):	9%	4%
Heterosexual contact:	9%	13%
Other, unknown or not reported:	7%	24%

### Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

### Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	186.1	194.5
Gonorrhea (1996)	67.0	124.0
Syphilis (1996)	1.3	4.3
TB (1997)	6.7	7.4

### Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Gaps:** no continuum of care; poor coordination between service providers; hospice and nursing home care; nutrition services; child care; employment services; and lack of qualified and/or culturally-sensitive clinicians

## State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

### Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	133% FPL

\*Income eligibility for State's ADAP program is 200% FPL.

### Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	Yes
Refill limit:	No
Quantity Limit:	Yes

### Waivers

#### **1115**

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

**1115 waiver:** No

#### **1915(b)**

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

**1915(b) waiver(s):** Yes

## Title II: Nevada

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$2,049,946	\$3,001,392	\$3,898,380	\$8,949,718
ADAP (included in Title II grant)	(\$298,910)	(\$957,533)	(\$1,728,462)	(\$2,984,905)
Minimum Required State Match	\$0	\$0	\$0	\$0

### Allocation of Funds

	1998
Health Care (State Administered)	\$2,932,127/75%
Home and Community Care	(\$375,859)
Health Insurance Continuation	(\$210,429)
ADAP/Treatments	(\$2,345,839)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$614,169/16%
Health Care*	(\$69,844)
ADAP/Treatment	(\$231,083)
Case Management	(\$39,884)
Support Services**	(\$273,358)
Administration, Planning and Evaluation (Total State/Consortia)	\$352,084/9%

\* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

\*\* includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

## Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 1

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Ryan White Title II Care Consortium	Carson City	Statewide	\$613,158

### Accomplishments

Clients Served (duplicated count), FY 1996:	2,460
Men:	79%
Women:	21%
<13 years old:	4%
13-19 years old:	1%
20+ years old:	96%
White:	71%
African American:	12%
Hispanic:	14%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	2%

#### ► Improved Patient Access

- The total aggregate number of clients reported by providers as accessing primary health care, treatment, and support services increased from 2,240 clients (not unduplicated) in 1995 to 3,515 clients (not unduplicated) in 1997, an increase of approximately 55%.
- The number of clients receiving medications through the ADAP rose from 260 in 1995 to 310 in 1996, with approximately 390 enrolled as of mid-1998. All enrolled clients were receiving services each month with about 64% accessing protease inhibitors.
- With the addition of protease inhibitors and NNRTIs, Nevada increased the number of medications on the ADAP formulary from eight in 1995 to 17 in 1998.

- The demographic characteristics of ADAP clients compares consistently with the demographic characteristics of the HIV epidemic in Nevada.

▶ **Cost Savings**

- The grantee initiated an insurance continuation program in November 1997, and 23 people were served during the first two months.
- Beginning in 1997, the ADAP has participated in the Office of Drug Pricing's discount drug purchasing program, achieving significant cost savings.

▶ **Other Accomplishments**

- In 1997, Title II established a new initiative focusing on incarcerated PLWH, about to be paroled or released, to ensure linkage to appropriate primary medical care, treatment, and support services. ADAP staff participated in providing training to prison and jail medical staff to promote appropriate discharge planning and facilitate ADAP enrollment of eligible persons.
- Through a new initiative in 1997, the grantee provides up-to-date information on ACTG clinical trials and compassionate use programs to providers, case managers, and consumers.
- Critical decisions regarding the ADAP formulary, eligibility criteria, and clinical guidelines are recommended by the Physicians' Advisory Subcommittee and the ADAP Advisory Subcommittee. The Physicians' Advisory Subcommittee, which includes pharmacists, meets quarterly. The ADAP Subcommittee includes representatives of PLWH, health care providers, clinic staff involved with the coordination of ADAP services, public health officials, and State HIV/AIDS-related programs.



## AIDS Drug Assistance Program (ADAP): Nevada

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$962,906	\$1,534,199	\$2,323,152	\$4,820,257
State Funds	\$0	\$0	\$1,200,000	\$1,200,000
Total	\$962,906	\$1,534,199	\$3,523,152	\$6,020,257

### Program

- ▶ Administrative Agency: Dept. of Human Resources
- ▶ Formulary: 17 drugs, 4 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
  - ▶ HIV Infected: Yes
  - ▶ CD4 Count: No
- ▶ Financial Eligibility
  - ▶ Asset Limit: Yes
  - ▶ Annual Income Cap: Yes
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The ADAP Subcommittee, which includes PLWH, and the Physicians' Advisory Subcommittee make recommendations on the ADAP formulary, eligibility criteria, and clinical guidelines.
- ▶ Enrollment cap: 390
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

### Clients Served

Clients enrolled, 10/98:	400
Number using ADAP each month:	400
Percent of clients on protease inhibitors:	64%
Percent of active clients below 200% FPL:	29%

## Client Profile, FY 1996

Men:	84%
Women:	16%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%
White:	67%
African American:	13%
Hispanic:	17%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	3%

## Title III: Nevada

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	2	2	2	
Total Title III funding in State	\$659,941	\$858,361	\$880,586	\$2,398,888

### Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 2 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 9,837
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 701
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 282
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
  - ▶ under 200: 52%
  - ▶ from 200 to 499: 37%
  - ▶ above 500: 11%

### Accomplishments

Clients served (primary care only), 1996:	701
Men:	79%
Women:	21%
<13 years old:	4%
13-19 years old:	2%
20+ years old:	95%

White:	60%
African American:	18%
Hispanic:	20%
Asian/Pacific Islander:	2%
Native American/Alaskan Native:	0%
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Men who have sex with men (MSM):	55%
Injecting drug user (IDU):	17%
Men who have sex with men and inject drugs (MSM/IDU):	4%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	16%
Receipt of blood transfusion, blood components, or tissue:	1%
Other, unknown or not reported:	7%

#### ► **Improved Patient Access**

- As of September 1998, the caseload of the Northern Nevada HIV Outpatient Program, Education and Service (HOPES) increased by 24% over the previous 18 months. The number of client encounters has doubled and various services have been added or expanded, including an on-site pharmacy, preventive dental services, and nutritional care.
- The Wellness Center of the University Medical Center, located in Las Vegas, opened in December 1986 with five clients. In 1997, approximately 1,000 clients received primary care services through this program. The Wellness Center recently moved to a new location, across the hall from Nevada's largest AIDS service organization. This location allows for some specialty service providers to provide services in this clinic.
- Prior to Title III funding, HIV-infected individuals had virtually no access to specialty and dental care in Clark County. Since receiving Title III funding, the University Medical Center's Wellness Center has established an oral health care and specialty care referral system that include neurology, ophthalmology, dermatology, radiology, pathology, and gastroenterology.
- The grantee now offers early intervention and primary health care five days a week from 7 a.m. to 5 p.m.

#### ► **Improved Patient Outcomes**

- In 1996, approximately 45% of the clients served by Northern Nevada HOPES had CD4 counts less than 200. In 1998, the percentage decreased to approximately 25%. Overall, clients are living longer and those new to care are presenting earlier in the progression of disease.

- Since the advent of protease inhibitors, improvements have been realized in the clinical outcomes for HIV-infected clients at the University Medical Center. Staff have observed the benefit of Highly Active Anti-retroviral Therapy (HAART) through clinical measures and improved laboratory values, such as CD4 counts and viral loads.

#### Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Northern Nevada H.O.P.E.S.	Reno	Northern Nevada Counties	Non-329/330/340 Health Center
University Medical Center of Southern Nevada	Las Vegas	Clark, Nye, and Mohave Counties	Hospital/University- based Medical Center

## Title IV: Nevada

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	1	0	1	
Total Title IV Funding	\$65,000	\$0	\$250,000	\$315,000

### Title IV Grantees, FY 1998

Grantee Name	Location
University Medical Center of Southern Nevada	Las Vegas

## Special Programs of National Significance (SPNS): Nevada

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	1	1	1	
Total SPNS Funding in State	\$244,302	\$215,323	\$235,246	\$694,871

### Project Descriptions

#### ► **University of Nevada, School of Medicine**

**Location:** Reno

**Project period:** 10/94 - 9/99

**Population Served:** HIV-infected individuals

**Description of Services:** This project seeks to provide comprehensive nutrition assessment and intervention to relatively healthy individuals with HIV. Clients are from the HOPES Clinic and private practices in the medical service area of Reno, Nevada. The program is designed to demonstrate the efficacy of nutritional services in preventing or delaying the onset of weight loss and wasting syndrome; to determine the most cost-effective system of incorporating nutrition screening and counseling in a clinical setting; and to develop an automated fax-in system for recording, managing, and tracking data. The goal is to make nutrition counseling a routine part of care in community-based HIV clinics. The project also seeks to evaluate the impact of nutrition services in terms of health outcomes, client satisfaction, and cost-benefit, and to develop nutrition education materials for use by other community HIV clinics. An initiative linking nutrition and exercise education is also being developed.

#### **Project Highlights**

- Nutrition services were successfully integrated into the HOPES HIV clinic and 132 patients have enrolled and benefited from nutritional intervention. All clients reported an improvement in general health as a result of nutritional assessment and education.
- Nutrition assessment measurements have been refined, streamlined, and updated to reduce cost and client burden and adjust to changes in medical treatments and client health status.
- Preliminary medical, nutritional, and behavioral findings have been presented at national and international AIDS conferences. Two articles have been published and two more drafted to disseminate information about nutrition services and project results.

- The project implemented a new nutrition risk screening system called the "Nutrition Check Up" for all new clients to improve recruitment. The project also devised a grocery store certificate system as a positive incentive for participation.



## AIDS Education and Training Centers: Nevada

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Pacific AETC
- ▶ States Served: Arizona, California, Hawaii, Nevada
- ▶ Primary Grantee: University of California, San Francisco, San Francisco, CA
- ▶ Subcontractors in State: Southern Nevada AHEC - Las Vegas  
Univ. of NV, Reno, Ctr. for Ed. & Hlth. Svcs. - Reno

### Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$107,574	\$79,953	\$93,843	\$281,370

### Training Highlights from FY 1997

- The Pacific AETC entered into a joint training agreement with the California Department of Corrections and the CDC-funded Francis J. Curry Tuberculosis Center to conduct a statewide training of health care providers. The trainings will focus on the complexities of providing care in a correctional setting, including adherence to treatment regimens.
- The UC San Diego performance site conducts an ongoing training program for correctional health care providers in the county jail and at a state prison near the Mexico Border. Trainers go onsite to mentor HIV clinicians and provide follow-up clinical care consultation via e-mail.
- The Arizona performance sites have carried out a variety of activities including: an HIV/AIDS update and an ACTG 076 Skills Workshop at the National Hispanic Nurses Association Convention; two HIV dental mini-residencies with participants from Title I-, II- and III-funded organizations; a program on PHS treatment guidelines downlinked for Arizona Department of Corrections providers; and the quarterly HIV Key Providers Roundtable Dinner Lecture Series.

- The Hawaii performance site co-sponsored a number of trainings on HIV and substance abuse including: “HIV and Substance Abuse” for the Hawaii Chapter of the National Association of Social Workers; and skill-building sessions targeting public health nurses, HIV case managers, and outreach workers. It also conducted “Things We Never Learned in School: Working with Gay/Lesbian/Transgender People,” a one-day conference designed to familiarize providers with sexual minority issues, and “Building Nursing Skills in HIV Care,” an intensive three-day program drawing participants from the nursing staff at the Department of Public Safety, public health nursing, hospitals, AIDS service providers, managed care organizations and community health centers.
- In collaboration with the State of Nevada Division of Health Care Financing, the Nevada performance site provided a statewide program to Medicaid providers on reducing perinatal HIV transmission. The interactive video presentation was broadcast from Reno to Elko, Ely, Fallon, Hawthorne, Las Vegas, Lovelock and Winnemucca.
- The Pacific AETC operates two national training-related programs, the National HIV Telephone Consultation Service (Warmline), providing treatment information to clinicians, and the national Clinicians’ Post-Exposure Prophylaxis Hotline (PEPline).